Residence Address:

Post Office Address:

Citizenship:

Milpitas, California

31 Jacklin Circle Milpitas, CA 95035

U.S.





## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled METHODS AND SYSTEMS FOR LUBRICATING DENTAL APPLIANCES, the specification of which:

[X]			
[]	was filed on as Application Serial	No and was amended on	 filed on
[]	was described and claimed in PCT Internati		filed on
	and as amended under	PCT Article 19 on	<u> </u>
	eby state that I have reviewed and understan claims, as amended by any amendment refer		d specification,
	enowledge the duty to disclose all information of Federal Regulations, §1.56.	n I know to be material to patentabili	ity in accordance with
	eby appoint the following attorneys and/or a e Patent and Trademark Office connected the	<del>-</del>	nd to transact all
	Reg. No. 37,955 unning, Jr., Reg. No. 42,502	Hans R. Troesch, Reg. No. 36,950 James Heslin, Reg. No. 29,541	
	ress all telephone calls to Bao Q. Tran at tele	•	
made on infor knowledge the Section 1001	eby declare that all statements made herein or rmation and belief are believed to be true; an at willful false statements and the like so made of Title 18 of the United States Code and that tion or any patents issued thereon.	d further that these statements were a de are punishable by fine or imprison	made with the nment, or both, under
Full Name of Inventor's Sig	Inventor: LOC X PHAN gnature:	Date:	8/18/2000